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Experiences in Orientation of New Staff

By DR. JAMES C. MALCOLM, Health Officer, and
CONSTANCE CAVENDER, Health Educator, Alameda County Health Department

If you were to stop in for lunch during one of our three-day orientation sessions you might hear comments such as—"Did you get to visit the hog farm?" "Did you see the smoke coming from the garbage dump?" "That sanitarian was certainly a salesman when he was talking to the restaurant owner." "Either the nurse I went with was unusual, or a public health nurse must be a psychiatrist, a teacher, a social worker, and a nurse all in one."

The enthusiasm of the discussion would tell you how we feel about the orientation program. We know it is popular with new and old staff. We believe it helps all of us to see that we are "public health workers" rather than nurses, clerks, or sanitarians.

Through discussions with directors of the programs and services, and observations in the field, it is our hope to broaden understanding by new staff of what public health means, what it includes, and what we do in public health in this county.

The program has been in operation for five years and every person employed on the staff, in any type of position, has participated. For several years we have occasionally included one or two persons from outside the health department. The size of the program is shown in these figures.

	1952	*1953*
New staff	35	28
Students assigned to the department	5	8
Guests	9	4
Totals	49	40

THREE-DAY SCHEDULE

A three-day program is scheduled every few months for a group of from five to eight new personnel. The present plan is the result of experimentation with various methods, and compromises between what might be most desirable for the employee and what is practicable. It includes:

First day:
- Over-all View—Health Officer;
- Control of Communicable Disease—Assistant Health Officer;
- General Administration—Administrative Assistant;
- Records and Statistics—Public Health Analyst;
- Health Education—Health Educator;
- Maternal and Child Health—Assistant Health Officer;
- Medical Social Work—Medical Social Worker;
- Public Health Laboratory—Director of Laboratory.

Second day:
- Discussion of philosophy of public health nursing service and general activities (one hour)—Director of Public Health Nursing;
- Field visiting—each orientee assigned to a different public health nurse to accompany her on regular work of the day.

Third day:
- Discussion of philosophy of sanitation service and general activities (one hour)—Director of Sanitation;
- Field visiting—each orientee assigned to a different sanitarian to accompany him on regular work of the day.

Arrangements for the program are made by the health education division. To the supervisory staff belongs the important job of interpreting the orientation to the new staff member when the date is set for his participation. At the request of the supervisors, a guide was prepared for their use with new staff. It covers the philosophy and plan of the orientation.

FIELD VISITS

It is the field visits that are long remembered by those who take part in this program. The time allowed for field visits has been lengthened because neither orientees nor field staff were satisfied. Orientees wanted more visits, and field staff felt they did

not have enough time to give a picture of their work. We interpreted the request for more time as an indication of the value of the visits.

To explain the field visiting to the orientee the "Guide" outlines what to look for in field visits:

> "Field staff members are asked to take orientees into the field and to continue the work they would otherwise do that day. If there is need for a more over-all view of the work, an hour or so in the morning may be devoted to this. You may not see all the kinds of situations dealt with by the field staff, because it is probable that only rarely does the nurse or sanitarian cover all aspects of his work in any one day.
>
> "Therefore, when you are in the field observe the family health problems met by a public health nurse in a home, or see the way a sanitarian tackles a touchy insanitary situation. Observe the steps taken in planning the work for the day. Note also the 'Not at home visits,' 'Didn't keep appointment visits,' record work, or routine repetitive tasks. These, too, are a part of the work of the sanitarian or nurse and we think you will understand that job better after seeing these aspects."

GROUPS KEPT SMALL

The three-day session is planned as frequently as there are five or more new staff members ready, and suitable dates can be set. We believe the best size for a group is five, but we expand many of our groups to eight because it is more practical. Whenever possible we try to schedule a cross section of the positions on the staff in the groups. This is one more way to become acquainted with persons and jobs throughout the department.

Timing of this experience for the new staff member often represents a compromise. We have found it generally of most value about three months after the person has been on the job. By that time he is somewhat familiar with his own duties and ready to see where his work fits into the whole scheme of public health. Since new personnel are employed continuously, it is not possible to schedule a group at a time that will suit everyone equally well. When we must choose, we are apt to take the experienced public health worker before three months, and let the clerical worker or newcomer to public health wait—sometimes as long as six months.

GUESTS FROM OTHER AGENCIES

It was with some hesitation that the first "outsider" was included in this program. We wondered whether it would change the discussions. Since that first visitor, there has never been a question about continuance of this plan. Our only problem is turning down requests.

Participation by "outsiders" is limited to not more than one to a group, or on rare occasions two from the same agency. Priority in invitations goes to persons whose work relates closely to our activities. We benefit from a chance to know these people better and to understand their problems more fully. They benefit from greater knowledge of our programs. Our staff takes new pride in the department when they find others will spend three days to become acquainted with us. Among those who have shared with us are administrators and social workers from the County Hospital, the County Administrator's Office, the Civil Service Commission, city governments, etc.

PROBLEMS

There are problems that will always be with us in this type of program. Most important is how to keep it from becoming routine for administrators who must participate again and again. We tried delegating the assignment to someone else within a division, thinking a new approach would help. Instead, we found the staff wanted the "head" person. It indicated to them the importance we attached to the program. One division director has successfully used slides, and another a flip chart to lend variety to his presentation. Except for illness or vacations, we do not now delegate this job—and in scheduling sessions we try to avoid vacations.

Another problem is to find suitable times. No time is ever convenient. Finding a week when the health officers do not have hearings, committee meetings, or other commitments, and when division heads are available will always be a problem. Just to orient a group of eight people, it involves 10 administrative personnel and from 8 to 12 field staff, depending on the composition of the orientation group. Another problem is the need for continuous interpretation to new staff of what to expect in the discussions and in the field visits. We have found the supervisor the key to this, and we believe if we are aware of the need, we can together keep this problem at a minimum.

HISTORY OF PROGRAM

Looking back, it is hard to say just how the program began. The need was recognized and discussed at almost our first administrative staff meeting. That weekly meeting has been used ever since for periodic review of the orientation program.

The health educator was assigned the job of developing a plan and putting it into operation. The entire administrative staff shares in responsibility for success of the program. From time to time, the program is reviewed and changes made so that it will continue to meet our needs. As we change in size, or programs,

or administration, we may find our "orientation" quite different.

In the beginning, a great deal of time was spent discussing field visits. The staff certainly did not share the confidence of the administrators that they could take visitors into the field and maintain rapport with families, restaurant owners, and others. New staff sometimes still need help from their supervisor on this. We found we eliminated problems in scheduling visits into the field when the health educator worked directly with the supervisor instead of the staff person. The supervisor is able to help newer members of the staff feel comfortable in taking people out into the field. The supervisor can also see that everyone is called upon to help out in this way.

VALUES

There are extra dividends to this program beyond the broad understanding it gives the new staff of public health and our approach to it. Many of the new staff, particularly clerical workers, have homes and families in the area and bring to us the community's point of view of its health department. In turn, we feel they become better citizens as they understand better one aspect of their government. We find most clerical workers say they like to work in the department "because they learn so much." Field visits also have two-way benefits. The very real interest of the orientee in the work in the field helps the field staff person to examine the worth of his work. It also makes it easier to "share" his skills and knowledge with others on the job. It gives the clerical workers an opportunity to see what actually happens as an extension of her work. Field training students in public health nursing reported in their evaluation last year that it was from this program that they got the "teamwork" feeling of the department.

We think this program has helped our staff to realize that public health is a big and important job and that we are working together on the same team for the good of our community.

NCPHA to Meet June 11

Dr. Ellis D. Sox, San Francisco Director of Public Health and president of the Northern California Public Health Association, wants members of the association to mark June 11th on their calendars for the Annual Meeting, when officers will be elected for the coming year. It will be a dinner meeting in Stockton. Speaker for the evening, location and other details will be announced later.

One Problem

The State Mental Health Coordinating Committee has just issued a report in pamphlet form entitled, *"One Problem—."* This committee was formed in California in 1951 and is made up of members of those branches of the State Government whose daily work brings them in contact with people in such a way that they can, if they have some understanding of human behavior, deal effectively with evidences of mental illness and help prevent it. Two top level members belong from each of the following agencies: The Youth Authority and the Departments of Corrections, Education, Mental Hygiene, Public Health, Recreation, and Social Welfare.

The pamphlet is a very readable exposition of what each of these state agencies is doing to alleviate and to prevent mental illness and its effects on society. Copies are available from the Department of Mental Hygiene, 1320 K Street, Sacramento.

Public Health Positions

Contra Costa County

Assistant Health Officer. Salary $777 to $933. Minimum qualifications, license to practice as a physician and surgeon in California, plus two years of administrative responsibility in public health. Successful completion of a master's degree in public health can be substituted for one year of the required experience. For further information on this and following position write Contra Costa County Civil Service Commission, Box 710, Martinez.

Public Health Nurse. Salary $341-$410. Applicants must possess a valid license as a registered nurse and a certificate as a Public Health Nurse both issued by the state boards of California. Filing deadline is June 18, 1954.

Fresno County

Assistant Health Officer. Salary $665 to $831. Graduation from a medical school of recognized standing and licensed to practice as a physician and surgeon in California. Position requires an M.P.H. degree from an approved School of Public Health; however, previous experience in a public health department may be substituted. Further information may be obtained from Robert D. Monlux, M.D., Fresno County Health Officer, 515 South Cedar, Fresno 2.

San Mateo County

Sanitarian. Salary range $332 to $415. Final filing date, June 14; examination date, June 26. Applicants must possess a certificate as a Registered Sanitarian in California or be eligible to take the R.S. exam. For further information write San Mateo County Heatlh Department, 225 37th Avenue, San Mateo.

Public Health Dental Officer

Billyanna Niland, D.D.S., has been appointed to the department staff as a public health dental officer in the Division of Dental Health. Dr. Niland is a graduate of the University of Southern California School of Dentistry and also obtained a master's degree in sociology at U. S. C. For the past year she has held a teaching assignment in children's dentistry at the University of Malaya, a British institution in Singapore. Prior to that she was in private practice in Los Angeles.

Polio Field Trials—Gamma Globulin Use Approved by Advisory Group

In a May 1st meeting in San Francisco the Ad Hoc Advisory Committee on the Distribution of Gamma Globulin and Poliomyelitis Vaccine gave final approval to plans for the polio vaccine field trial in southern Alameda County.

The New York headquarters of the National Foundation for Infantile Paralysis was notified at once of the committee's approval of the trials in California and requested the vaccine be shipped immediately to Dr. Arthur C. Hollister, Chief of the Bureau of Acute Communicable Diseases.

The vaccine arrived via commercial air line at San Francisco Municipal Airport at 4 a.m., May 5th, and was transported at once to inoculation centers in time to begin later that morning the first in a series of three injections.

The some 12,000 school children in the first three grades participating in the trial received their first inoculations by the end of the next day.

The field trials, with assistance from the State Department of Public Health, are being supervised by Dr. James C. Malcolm, Alameda County health officer.

RESTRICTIONS RELAXED ON USE OF GG

In its May 1st meeting the Advisory Committee also approved a new plan for the use of gamma globulin in California this year.

The new plan for the liberalized use of GG in measles and jaundice (infectious hepatitis) went into effect May 1st, and the new plan for its use in polio goes into effect May 15th.

Last year GG was available only to household contacts of clinically diagnosed cases of polio, providing the persons were 30 years of age or under, or to a pregnant woman at any age. Household contacts were defined as persons who have resided in the household 24 hours or longer.

This year, GG will be available to physicians upon request, with no restrictions as to age or time exposed.

However, in resolution, the committee pointed out that "the value of gamma globulin as a measure for the control of polio is extremely limited. There has been no demonstrated value in its use around family contacts and no measurable effect from community wide usage under practical circumstances.

"The supply therefore will be made available on request by physicians for use at their discretion."

The supply of gamma globulin to California from the Office of Defense Mobilization this year totals 623,700 c.c. for polio (four times the amount used here in 1953), and 126,000 c.c. for measles, jaundice and other diseases.

The State Department of Public Health distributes the gamma globulin supply to the local health services on an allocation plan, with a 10 percent reserve retained by the State. Physicians draw their supplies from the local health departments.

"Parky" Campaigns Against Litterbugs

"Parky" is the hardworking offspring of the Recreation and Park Department of Los Angeles City. With his help, city officials are conducting an all-out campaign against "litterbugs," who cost the city more than a million dollars last year.

Free rights to the use of "Parky" by any organization can be obtained from Mr. Arthur Chase, Recreation and Park Department, Griffith Park, Box 255, Los Angeles.

Canadian School Accredited

The School of Hygiene of the University of Montreal has been accredited by the American Public Health Association for the Diploma of Public Health, enabling it to grant various degrees in public health. This brings to 12 the number of schools on the North American continent so accredited.

The University of Montreal's School of Hygiene is the only school of public health in North America available to the World Health Organization for training prospective health officers and public health nurses who speak only French, according to information in the April issue of *The News* of the APHA. It has trained students from the Caribbean area, Lebanon, Syria, and other countries of the Near and Far East.

NFIP Fellowships

A limited number of fellowships for social scientists interested in the emotional, psychological and social factors related to the rehabilitation of physically handicapped persons are announced by the National Foundation for Infantile Paralysis.

These fellowships will be awarded to established professional persons or unusually promising graduate students who have completed a minimum of two years of work toward a doctor's degree in one of the social sciences. The candidate must be well qualified to apply his professional skill to problems concerning the rehabilitation of the physically handicapped. He must have the intention of working with the physically handicapped upon completion of the fellowship.

Because the National Foundation is particularly interested in the unique problems of poliomyelitis patients with persisting respiratory difficulties, special consideration will be given to applicants planning to include work at a medical center concerned with rehabilitation where the opportunity for working with respiratory cases is available. Application forms may be obtained from the Division of Professional Education, National Foundation for Infantile Paralysis, 120 Broadway, New York 5.

Digest of Sewerage Enabling Acts Revised by State Board

Three years ago the State Water Pollution Control Board published and distributed the *Digest of Sewerage Enabling Acts of the State of California.* Designed to aid individuals and communities in studying and solving their local waste disposal problems, this booklet was prepared to serve both as a guide and handy reference to the salient features of the 25 enabling acts relating to the formation and functioning of public bodies empowered to construct, operate, and finance sewerage facilities.

The *Digest* has now been revised to include legislative amendments enacted since 1951. In addition, the 1954 edition has been expanded to include (1) a condensed table comparing the various types of sewerage districts by showing important components of each enabling act, (2) tables outlining the procedural steps to be taken in formation and financing of five types of district, and (3) a state-wide listing of six types of district that are now providing sewerage services.

Single copies of the revised *Digest* may be obtained from the State Water Pollution Control Board, Room 610, 721 Capitol Avenue, Sacramento 14, California, or from any of the regional water pollution control boards.

Interviews Begin on Year-long Survey of California's Health

Door-to-door interviews to determine the health of California's population began May 3d in widely scattered areas of the State.

About 35,000 persons in 12,000 California homes will be checked during the course of the one-year survey. Field work is being done by 24 interviewers from the U. S. Bureau of the Census. The project, under the direction of Dr. Lester Breslow, Chief of the Bureau of Chronic Diseases, is financed by grants of $207,000 from the U. S. Public Health Service.

Survey objective is to uncover the amount and nature of illness and accidents of all kinds not usually reportable to health agencies; a comparison of rural and urban health, and whether the health pattern is changing.

Members of a Survey Advisory Committee to the State Health Department are: Dr. Rodney R. Beard, Stanford University School of Medicine; Dr. David Frost, Alameda City Health Officer; M. I. Gershenson, State Department of Industrial Relations; Dr. J. Norman O'Neill, of Los Angeles, California Physicians' Service, and E. L. Place, Business Manager, St. Helena Sanitarium.

George S. Roche, State Department of Employment; Dr. Edward S. Rogers, University of California School of Public Health; J. R. Sauerwein, of Los Angeles, Blue Cross Plan; Dr. Charles E. Smith, Dean of the University of California School of Public Health; Dr. Bert S. Thomas, State Department of Employment; Dr. C. V. Thompson, Lodi physician; Dr. Francis E. West, San Diego physician, and Jacob Yerushalmy, U. C. School of Public Health.

A full account of the survey was published in the April 15, 1954, edition of *California's Health.*

Courses for School Audiometrists

The following colleges and universities have indicated that they will offer courses of study this summer which will meet the training requirements for certification of school audiometrists:

University of Southern California
Audiometry and Hearing Aid Selection, Sp. 476 (3 units). M-F, 8.30-9.53, June 21-July 31, Dr. Garwood.

Los Angeles State College
Audiometry, Aud. 110 (3 units). M-F 11.00-12.30
Audiology, Aud. 100 (required by college) (3 units). M-F 9.30-11.00, June 21-July 30, Dr. Kennedy.

San Diego State College
Problem of the Hard of Hearing, Ed. 178 (3 units). M-F, 10.25-11.40, June 28-August 6, Dr. Kopp.

Whittier College
Audiometry and Aural Rehabilitation, Sp. 151 (3 units). M-F, 2.15 p.m., June 21-July 30, Mr. McGowan

San Francisco State College
Audiometric Testing and Hearing Conservation, s. 163.3 (3 units). M-F, 12.30-1.45, June 26-August 6, Mrs. Lynndelle.

Laboratory Procedure to Aid Brucellosis Diagnosis

Laboratory procedures which will make isolation techniques more readily available to physicians for the diagnosis of brucellosis (undulant fever) have been inaugurated by the department's bacteriology laboratory and the Bureau of Acute Communicable Diseases. Under these procedures, when routine laboratory agglutination tests run on blood specimens submitted by private physicians show a titer of 1:80 or greater for brucellosis, blood culture vials will be sent to the physician so that he may submit a blood culture from his patient for more exacting confirmatory tests in which the brucella organism is isolated.

Selected public health laboratories in areas of the State where brucellosis is believed to be more prevalent will be encouraged to initiate similar routine procedures.

It is hoped that the new system will encourage laboratory confirmation of clinically diagnosed cases of brucellosis. The department has been handicapped by a lack of information concerning the occurrence of brucellosis in man because of the low number of cases in which the diagnosis of infection is confirmed by isolation and identification of the brucella organism.

Pointing up this deficiency in information, the bureau reports that during the 10-year period, 1943-53, in only 48 of 2,017 reported cases was isolation and identification of the infective strain accomplished. This represents 2.4 percent of reported cases.

This is in contrast to Minnesota, where isolations were accomplished from 614 cases out of 3,103, or approximately 20 percent. Although it might be that the incidence of the disease in man in California is low, evidence indicates relatively few attempts are being made to isolate the organism from reported cases.

Training Courses in Venereal Disease Scheduled for Physicians

The Twenty-second Annual Venereal Disease Conference will be presented May 24 to 28, 1954, in Los Angeles through the cooperation of the United States Public Health Service and under the sponsorship of the University of California at Los Angeles School of Medicine, University of Southern California School of Medicine, and the College of Medical Evangelists School of Medicine.

Recent developments have resulted in a shift of venereal disease diagnosis and management from clinics and specialists to the physician's office. This shift emphasizes the need for increased postgraduate medical educational opportunities in this field. The course is designed to review the latest developments in the diagnosis, treatment and management of the venereal diseases.

This training course is being offered for the first time on the Pacific Coast, affording a unique opportunity for western physicians to hear outstanding experts in this field. Members of the instructional staff will include Arthur C. Curtis, M.D., Professor of Dermatology and Syphilology, University of Michigan School of Medicine; Harold J. Magnuson, M.D., Research Professor, Experiment Medicine, University of North Carolina; James K. Shafer, M.D., Chief, Division of Venereal Disease, U. S. Public Health Service; Thomas H. Sternberg, M.D., Professor of Medicine (Dermatology), University of California School of Medicine at Los Angeles, and Evan W. Thomas, M.D., Professor of Clinical Medicine (Syphilology), New York University College of Medicine.

The course is open only to graduates of approved medical schools and with consent of the course chairman. No fee will be charged.

Applications or requests for information should be mailed to Thomas H. Sternberg, M.D., Head of Postgraduate Instruction, Medical Extension, University of California, Los Angeles 24, California.

Survey Seeks Dental Health Status in 2,800 School Children

A survey to determine the current state of dental health of school children in the Palo Verde Unified School District was completed recently.

The survey covered 2,800 children in seven schools in Blythe, Midland and Ripley, California. Objective of the dental check of school age children was to establish a base line by which the effectiveness of a program of dental health education and fluoridation can be measured.

The project was a cooperative effort by the various county health and school groups, with the assistance of the State Department of Public Health's Division of Dental Health.

A dental health committee composed of P. T. A. presidents, dental health representatives from each school, local school and public health nurses, the district superintendent and school administrators was formed to map out the initial stages of the survey with county and state health officers.

Local dentists performed the dental inspections on a volunteer basis. Survey data will be analyzed and summarized by the State Department of Public Health.

Committee efforts now are being directed toward fostering a continuing program of dental health emphasis in the school. By using the facts revealed in the survey, it is hoped to miantain a high level of community interest in local health problems.

Foreign Public Health Workers Visit Department

During recent months the State Health Department has welcomed a number of foreign visitors of prominence in the public health field in various countries all over the world.

The names and official titles of the visitors follow:

AFRICA

Egypt

Mr. Mohammed R. Serry, Chief Engineer and Director of Permits Department, Ministry of Public Health, Cairo.

ASIA

Afghanistan

Dr. Mohammed Homayan, leading surgeon and professor in the medical school of Kabul.

India

Mr. M. R. Kothandaraman, Deputy Secretary, Ministry of Health, Government of India, New Delhi.

Dr. Chunilal Ahluwalia, Director of Health Museum, Inspector General, Medical and Health Services, Government of Hyderabad, India. Mr. Narayan Modoc, Engineer, Bombay Municipal Corporation, India. Mr. Sirisena Dangalle, Health Education Parallel Office in the UNESCO project in Ceylon.

Indonesia

Mr. Tjeng Giok Tan and Mrs. Tan. Mr. Tan is with the Laboratory of Technical Hygiene, University of Indonesia, Bandung.

Dr. Le Van Khai, Regional Director of Public Health Service, North Viet-Nam.

Japan

Dr. Hatao Funakawa, Technical Official at the Institute of Public Health, Department of Maternal and Child Health, Tokyo.

Dr. Morihiro Ishida, Medical Statistician, Assistant Chief, Analysis and Reports Section, Division of Health and Welfare Statistics, Secretariat, Ministry of Health and Welfare, Tokyo.

Pakistan

Mr. Kazim Hassain Rezvi, Superintending Engineer in Charge of Maintenance Works at Karachi. Member of Technical Committee appointed by the government to plan and develop the Greater Karachi Water Supply and Sewage Disposal System.

Dr. Aziz Khan, Professor of Surgery, Dow Medical College, Division of Cancer Research, Karachi, Pakistan.

Philippine Islands

Dr. Antonio L. Ejercito, Chief, Malaria Control Project and Division of Malaria, Department of Health, San Juan.

Taiwan

Mrs. Tsai-yu Chang, Consultant in Public Health Nursing, Ministry of Health.

Dr. Chi-Tao Chou, Assistant in the Department of Bacteriology and Serology at the Institute of Tropical Medicine, National Taiwan University, Taipei.

Mr. Yen-seng Ching, Chief, Division of Supervisors, Department of Education, Taiwan.

Thailand

Dr. Udaya Sandinand, Chief of Malaria Control Units for the Northern Region, Federal Department of Health.

EUROPE

Austria

Dr. Bruno Jetmar, Chief, Department of Neurology, General Hospital, Klagenfurt, Austria.

Finland

Dr. Aino Sofia Yliruokanen, specialist in maternal and child health, and in the last two years representative in India for the World Health Organization. Student at the School of Public Health, Harvard University, during 1952-53.

Germany

Dr. Klaus Peter Schulz, Physician and Journalist, also member of Landtag (state legislature) of Baden-Wuerttemburg, Germany.

SOUTH AMERICA

Brazil

Dr. Woodrow Pantoja, Chief of Training Section, Division of Education and Training, Brazilian Government, Rio de Janeiro.

Mr. Gilbert Ramos Da Silva, Sanitary Engineer, Federal District of Rio de Janeiro, Brazil.

Uruguay

Dr. Elsa Katz, Special Physician, Cooperative Inter-American Public Health Service. Identified with promotive work in mental hygiene, Montevideo.

Modern Trends in Nursing Offered in Summer Short Course

The "Newer Concepts in Chronic Illness, Disability and Geriatrics" is a short course to be offered this summer to registered nurses by the University of California Extension and the U. C. L. A. School of Nursing at the Los Angeles campus.

The course, limited to 45 registered nurses, may be taken with or without a two-unit credit, June 21st through July 2d. Classes will be held from 10 a.m. to 4 p.m., Monday through Friday, for a fee of $27.

The course will emphasize modern trends and changing nursing practices, considering the attitudes of nurses, families and patients in regard to the subjects outlined in the course title.

Instructors will include Margaret S. Taylor and Agnes A. O'Leary, associate professors of public health nursing, University of California. Additional information and registration blanks are available on request from U. C. Extension, Los Angeles 24.

Psychiatric Nursing Courses

The University Extension and School of Nursing of the University of California will offer a short course in "Nursing in Psychosomatic Conditions" from June 21st to July 2d, 1954, on the Berkeley Campus. Marian E. Kalkman, instructor in psychiatric nursing at the University, will be the coordinator of the course, which is designed for professional nurses who do not have a background of experience in psychiatric nursing. The registration fee will be $30. Applications for admission should be filed with the University Extension by May 17th.

A two weeks' course in "Modern Trends in Psychiatric Nursing" is being planned for the latter part of August, 1954. Enrollment will be limited to professional nurses who have had experience in psychiatric nursing. The course will be conducted on the Berkeley campus. Announcements of the course, including definite dates will soon be available.

Manual on Hospital Care of Infants

The 1954 revision of "Standards and Recommendations for Hospital Care of Newborn Infants: Full Term and Premature," has recently been published by the Committee on the Fetus and Newborn of the American Academy of Pediatrics. The manual has the endorsement of the following cooperative organizations: the American Academy of Obstetrics and Gynecology; the American Committee on Maternal Welfare; the section on Maternal and Child Health of the American Public Health Association; the American Hospital Association; the National League for Nursing; the Children's Bureau of the Social Security Administration, Department of Health, Education, and Welfare; the section on Pediatrics of the American Medical Association.

Copies may be purchased from the American Academy of Pediatrics, 610 Church Street, Evanston, Illinois, at $2 per copy.

New Low Sodium Fresh Milk Boon to Dieters

A new process that will put fresh milk back in the diet of many people with heart disease, arthritis and other conditions requiring a low-sodium ("low-salt") diet was announced recently by the California Heart Association.

Developed by Glendale chemist A. L. Chaney, Ph.D., at the suggestion and with the assistance of the Los Angeles County Heart Association, the new technique removes most of the sodium from fresh milk without changing its taste.

Ordinary milk is very high in sodium content, and this has ruled it out of the diets prescribed by physicians for patients with certain types of heart disease, high blood pressure and many other conditions. Up to now, low-sodium diets have had to try and secure milk's benefits by relying on powdered milk products which must be mixed with water to produce a fluid milk which still fails to satisfy many people. Dr. Chaney's new process removes 90 percent of the sodium content, but leaves the milk indistinguishable in taste from any other bottle of milk from the same dairy herd at the same season. It has the additional virtue of costing 40 percent less than most powdered low-sodium milk.

Three years of experimental work, undertaken by Dr. Chaney, preceded the perfection of the process on a test-tube scale. The Los Angeles County Heart Association was instrumental in arranging for its subsequent trial by a commercial diary and in winning approval from the California State Bureau of Dairy Service for large-scale production and distribution.

Deliveries of low-sodium milk to hospitals and homes on a doctor's prescription are now being made in the Los Angeles area. Licensing arrangements between the Los Angeles producer and other milk companies will probably soon provide a supply elsewhere in the State.

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